

**Amendments to the Specification**

Please replace the paragraph beginning at line 13 of page 40 as follows:

Figures 19-26 refer generally to alternative S-ICD/US-ICD canister embodiments. Although the following canister designs, various material constructions, dimensions and curvatures, discussed in detail below, may be incorporated into either S-ICD or US-ICD canister ~~embodiments~~ embodiments, hereinafter, these attributes will be discussed solely with respect to S-ICDs.

Please replace the paragraph beginning at line 14 of page 71 as follows:

In order to obtain the desired degree of separation for the depolarization vector, generally one device (either the S-ICD canister 190 or the lead electrode 191) must be advanced ~~anteriorily anteriorily~~ while the other device is advanced ~~posteriorily posteriorily~~ from the initial incision 210. Accordingly, when the S-ICD canister 190 is advanced subcutaneously and ~~anteriorily anteriorily~~ from the incision 210, the lead electrode 191 must be advanced subcutaneously and ~~posteriorily posteriorily~~ from the incision 210. With this particular embodiment, a physician may advance the S-ICD canister 190 medially toward the patient's left inframammary crease to a location proximate the patient's sternum 212.

Please replace the paragraph beginning at line 3 of page 72 as follows:

Alternatively, the physician may advance, and subsequently position the S-ICD canister 190 within the anterior portion of the patient's ribcage 216. This anterior placement may further include the patient's left parasternal region, an anterior placement within the region of the patient's third and the patient's twelfth rib 214, or generally any subcutaneous ribcage 216 placement anterior to the patient's heart 218. In order to complement the S-ICD canister's 190 placement, and obtain the correct depolarization vector, the lead electrode 191 must be advanced ~~posteriorily posteriorily~~ toward the paraspinal or parascapular region of the patient's ribcage 216.